



LIGHTHOUSE
Veterinary Personnel
Services®

Permanent Placement Associate Form

Date:

Name:

Address:

School/Yr. Grad:

Location(s) Desired:

When can you start work?

Phone Number:

Cell Phone:

Email:

Species Orientation: SA LA EQ EX Other:

Professional Orientation: Clinical Industry Govt. / Regulatory

Specialty:

Preferred appt Time: 10 min 15 min 20 min 30 min

For Small animal practitioners: *Check any style of practice in which you would want to work. .*

Shelter Medicine

Vaccine/Preventive med. Clinic

Spay / Neuter Clinic

Traditional full-service facility

Emergency

Write a brief statement that describes your preferred philosophy of medicine and practice style.

Experience : New Graduate 1-5 years >5

Non-clinical veterinary experience: *(describe)*

Special Skills or Interests:

Ownership potential: Yes / No

Job Description Desired:

PT / FT – Approx hrs/wk:

Surgery: Yes / No

Interest in Management? Yes / No

Mentoring & Development of skills required? Yes / No

Other:

How did you hear about our service?

Please supply a resume and the names and phone numbers of 3 references that can speak to your qualifications. If possible, include former employer(s).



Permanent Placement Associate Work Agreement

The Applicant hereby acknowledges that, in order for Lighthouse to make a work placement for Applicant with an employer, Lighthouse must first evaluate Applicant's professional credentials, personality and behavioral traits and must form an opinion as to Applicant's ability to work within an employer's work environment. Accordingly, Applicant hereby grants to Lighthouse the right to conduct such tests, speak with references or other people who may have insight into Applicant as previously defined, and form such opinions with regard to Applicant, as Lighthouse in its sole discretion shall deem necessary or appropriate, and further, Applicant grants to Lighthouse the right to divulge the results of any tests and conversations, and to express such opinions to prospective employers. In forming such opinions, Lighthouse may make both positive and negative assessments, but in any event, shall use its best efforts to attempt to make an honest and fair assessment. By granting such rights to Lighthouse to form and express opinions, both positive and negative, regarding Applicant, Applicant acknowledges that Applicant is waiving, and does hereby waive, any right to have such information kept confidential and any rights to maintain an action or bring claims against Lighthouse and those individuals Lighthouse has gathered information and opinions from with respect to Applicant, for defamation, slander or libel, or otherwise with respect to the disclosing of such information or opinions.

Associate Applicant: _____

Date: _____

Print Name here: _____

Return to:

Lighthouse Veterinary Personnel Services, L.L.C.
124 County Line Road West
Suite C
Westerville, OH 43082

Phone: 800-888-6877
Fax: 614-891-3801

Email: office@lighthousevet.com